2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004
Secretary of State

DOCUMENT# P95000061602

Entity Name: MIRAVERA & ASSOCIATES, INC.

Current Principal Place of Business:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509

New Principal Place of Business:

Current Mailing Address:

3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509

New Mailing Address:

FEI Number: 65-0608185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRANDA, NORA R
3105 MAGDALENE FOREST COURT
TAMPA, FL 336182509 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIRANDA, NORA R
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: VPD ( ) Delete
Name: MIRANDA, LUIS S
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: STD ( ) Delete
Name: MIRANDA, GISELLE
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MIRANDA, NORA R MRS.
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: VPD (X) Change ( ) Addition
Name: MIRANDA, LUIS S MD
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509

Title: STD (X) Change ( ) Addition
Name: MIRANDA, GISELLE MRS.
Address: 3105 MAGDALENE FOREST COURT
City-St-Zip: TAMPA, FL 336182509 US

Title: TRS ( ) Change (X) Addition
Name: MIRANDA, ASTRID J DVM
Address: 3105 MAGDALENE FOREST CT.
City-St-Zip: TAMPA,, FL 336182509 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID J. MIRANDA, DVM TRS 02/12/2004

Electronic Signature of Signing Officer or Director — Date